

**FORM TP-1  
WHOLESALE DEALER'S  
MONTHLY REPORT OF  
OTHER TOBACCO PRODUCTS**

<i>NAME:</i>		<i>EMPLOYER IDENTIFICATION NUMBER:</i>
<i>ADDRESS:</i>		<i>REPORT FOR THE MONTH OF:</i>
<i>CITY:</i>		<i>TELEPHONE NUMBER:</i>
<i>STATE:</i>	<i>ZIP CODE:</i>	<i>FAX NUMBER:</i>

LINE NUMBER	TOBACCO PRODUCTS ACCOUNT	TOTAL
1 (Complete Schedule OTP-A)	RESIDENT DISTRIBUTOR WHOLESAL PRICE OF TOBACCO PRODUCTS PURCHASED AND BROUGHT INTO DELAWARE OR MANUFACTURED IN DELAWARE	
2 (Complete Schedule OTP-B)	WHOLESALE PRICE PAID FOR TOBACCO PRODUCTS SOLD TO OUT OF STATE WHOLESALESAERS AND RETAILERS	(
3 (Complete Schedule OTP-E)	NONRESIDENT DISTRIBUTOR WHOLESAL PRICE OF TOBACCO PRODUCTS SOLD TO DELAWARE WHOLESAL AND RETAIL DEALERS	
4 (Complete Schedule OTP-C)	WHOLESALE PRICE OF TOBACCO PRODUCTS RETURNED TO MANUFACTURER	(
5 (Complete Schedule OTP-D)	WHOLESALE PRICE OF TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS	(
6	TOTAL	
7	LINE 6 x (0.15)	
8	TOTAL OUNCES OF TAXABLE MOIST SNUFF x (0.54)	
SCHEDULE		CIGARETTE EQUIVALENT
NPM	PRODUCTS PURCHASED FROM NON-PARTICIPATING MANUFACTURER	

**AFFADAVIT:** *I hereby swear under penalty of perjury that the foregoing return has been examined by me and that all information contained herein, including any accompanying schedules is true and correct; and that this constitutes a complete return for the month stated, pursuant to law. I also swear that the licensee is in compliance with UNFAIR CIGARETTE SALE ACT, Chapter 26 of Title 6 of the Delaware Code.*

**PHONE NUMBER**

**SCHEDULE OTP-A  
RESIDENT DISTRIBUTOR  
TOBACCO PRODUCTS PURCHASE SCHEDULE**

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_



**SCHEDULE OTP-B  
RESIDENT DISTRIBUTOR  
TOBACCO PRODUCTS SOLD OUTSIDE OF DELAWARE**

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_



**SCHEDULE OTP-C**  
**RESIDENT OR NONRESIDENT DISTRIBUTOR**  
**TOBACCO PRODUCTS RETURNED TO MANUFACTURER**

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

[illegible]

**SCHEDULE OTP-D**  
**RESIDENT OR NONRESIDENT DISTRIBUTOR**  
**TOBACCO PRODUCTS SOLD TO EXEMPT ORGANIZATIONS**

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

[illegible]

**SCHEDULE OTP-E**  
**NONRESIDENT DISTRIBUTOR**  
**TOBACCO PRODUCTS SOLD TO DELAWARE CUSTOMERS**

**EMPLOYER IDENTIFICATION NUMBER:** \_\_\_\_\_

[illegible]

STATE OF DELAWARE  
DIVISION OF REVENUE  
820 NORTH FRENCH ST.  
P.O. BOX 8911  
WILMINGTON, DE 19899-8911

SCHEDULE NPM  
CIGARETTE SALES OF  
NON-PARTICIPATING MANUFACTURER BRANDS

MONTH OF \_\_\_\_\_, 20\_\_\_\_

BUSINESS NAME & ADDRESS: \_\_\_\_\_

EMPLOYER IDENTIFICATION NUMBER: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_

BRAND NAME	NUMBER OF CIGARETTE PACKS SOLD		OUNCES OF RYO	NON-PARTICIPATING MANUFACTURER NAME & ADDRESS	NAME & ADDRESS OF THE PERSON(S) FROM WHOM EACH BRAND WAS PURCHASED	NAME & ADDRESS OF THE FIRST IMPORTER OF FOREIGN MANUFACTURED BRANDS
	20'S	25'S				

I certify that the above stated information is true and correct \_\_\_\_\_

Signature

\_\_\_\_\_  
Date

